

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

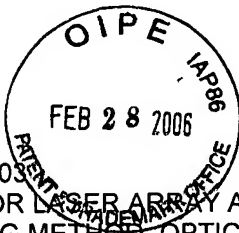
In re application of:

Ichiro Uchizaki, et al.

Serial No: 10/664,002

Confirmation No.: 3909

Filed: September 16, 2003

For: SEMICONDUCTOR LASER ARRAY AND ITS
MANUFACTURING METHOD, OPTICAL
INTEGRATED UNIT AND OPTICAL PICKUP

Art Unit: 2828

Examiner: Marcia A. Golub

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450, on
February 23, 2006

Date of Deposit
William H. Wright, Reg. No. 36,312
Name
Signature
Date 02/23/2006

☐ No additional fee is required.

The fee has been calculated as shown below:

THE FEE HAS BEEN CALCULATED AS SHOWN BELOW:							
	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	12	-	20 **	0	LG=\$50 SM=\$25	\$(FEE)	\$ 0
INDEPENDENT CLAIMS FEE	2	-	3 ***	0	LG=\$200 SM=\$100	\$(FEE)	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS			\$ 0
TOTAL							\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$ 0 to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ Enclosed are a Transmittal of Information Disclosure Statement, Form PTO-1449 and six cited references.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

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Dated: February 23, 2006

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